

**New Jersey Department of Health and Senior Services
Nursing Home Administrator Licensing Board
PO Box 367
Trenton, NJ 08625-0367**

VERIFICATION OF OUT-OF-STATE LICENSURE STATUS

SECTION I - TO BE COMPLETED BY APPLICANT

Please complete the requested information in Section I.
Forward a separate form to the State Nursing Home Administrator Licensing Board
in each state in which you are/were licensed as a Nursing Home Administrator.

Name	Social Security Number
Current Home Address	Date of Birth
City, State, Zip	
Day Telephone Number	Evening Telephone Number

PERMISSION FOR RELEASE OF INFORMATION

I hereby give my permission to the Nursing Home Administrator Licensing Board in
the State of _____ to release necessary information to the New
Jersey Nursing Home Administrators Licensing Board for the purpose of licensure verification.

Signature	Date
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SECTION II - TO BE COMPLETED BY STATE NURSING HOME ADMINISTRATOR LICENSING BOARD

The individual named above has applied for licensure as a Nursing Home Administrator in New Jersey.
Please provide the following information regarding this applicant and return this form to the above address.

NHA License Number	Date License Initially Issued By Your State	License Expiration Date
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Did this individual participate in a nursing home administrator licensure examination?

☐ Yes ☐ No

If yes, type of examination: ☐ NAB ☐ PES ☐ NAB/PES (1982-present)

Date of Examination: _____

Form No.: _____

Total Raw Score: _____

Total Scaled Score: _____

If no, was equivalency/reciprocity granted from another state?

☐ No ☐ Yes - Name of state: _____

Is this individual in good standing with your Board?

☐ Yes ☐ No-Explain: _____

Has any disciplinary or licensure action (i.e., reprimand, formal hearing, censure, suspension, revocation, etc.) been taken against this individual by your Board or any other state agency?

☐ Yes ☐ No-Explain: _____

Name of Board Chair/Representative	Title
Signature	Date